

Annual Meeting of Nephrology Unit  
Internal Medicine Department  
Mansoura University Hospitals

IN COOPERATION WITH  
Dakahlia Nephrology Group (DNG)  
& Dakahlia Medical Syndicate

16-18

April

2014

# Kidney in Systemic Diseases



Under Patronage of

President, Mansoura University  
**Prof. Al-Sayed Abdel Khalek**  
Dean, Faculty of Medicine  
**Prof. Ehab Saad**



Head of Internal Medicine Dept.

**Prof. Salah El Gamal**

Meeting President

**Prof. Mohamed Sobh**

Vice-President of the Meeting

**Prof. Nagy Sayed - Ahmed**

**Prof. Hussien Sheashaa**

Vice President DNG

**Prof. Osama El Shahat**

Meeting Moderator

**Dr. Ahmed Abdel Wahab**

**Dr. Mostafa Abdel Sallam**

Meeting Secretary

**Dr. El Shahat Ali**

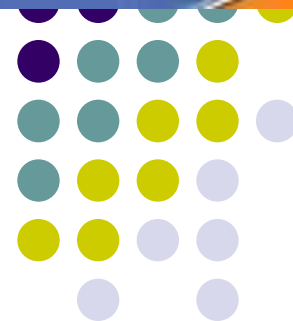
**Dr. Ahmed El Deeb**

**Dr. Mohamed wahba**

## Course At A Glance

### Hussein Sheashaa, MD

Professor of Nephrology and manager of Quality Assurance Unit, Urology and Nephrology Center and Director of Medical E-Learning Unit, Mansoura University





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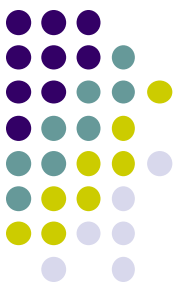
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Meeting  
Dr. Ahmed  
Dr. Mostafa

Prof. Rabih Lyman



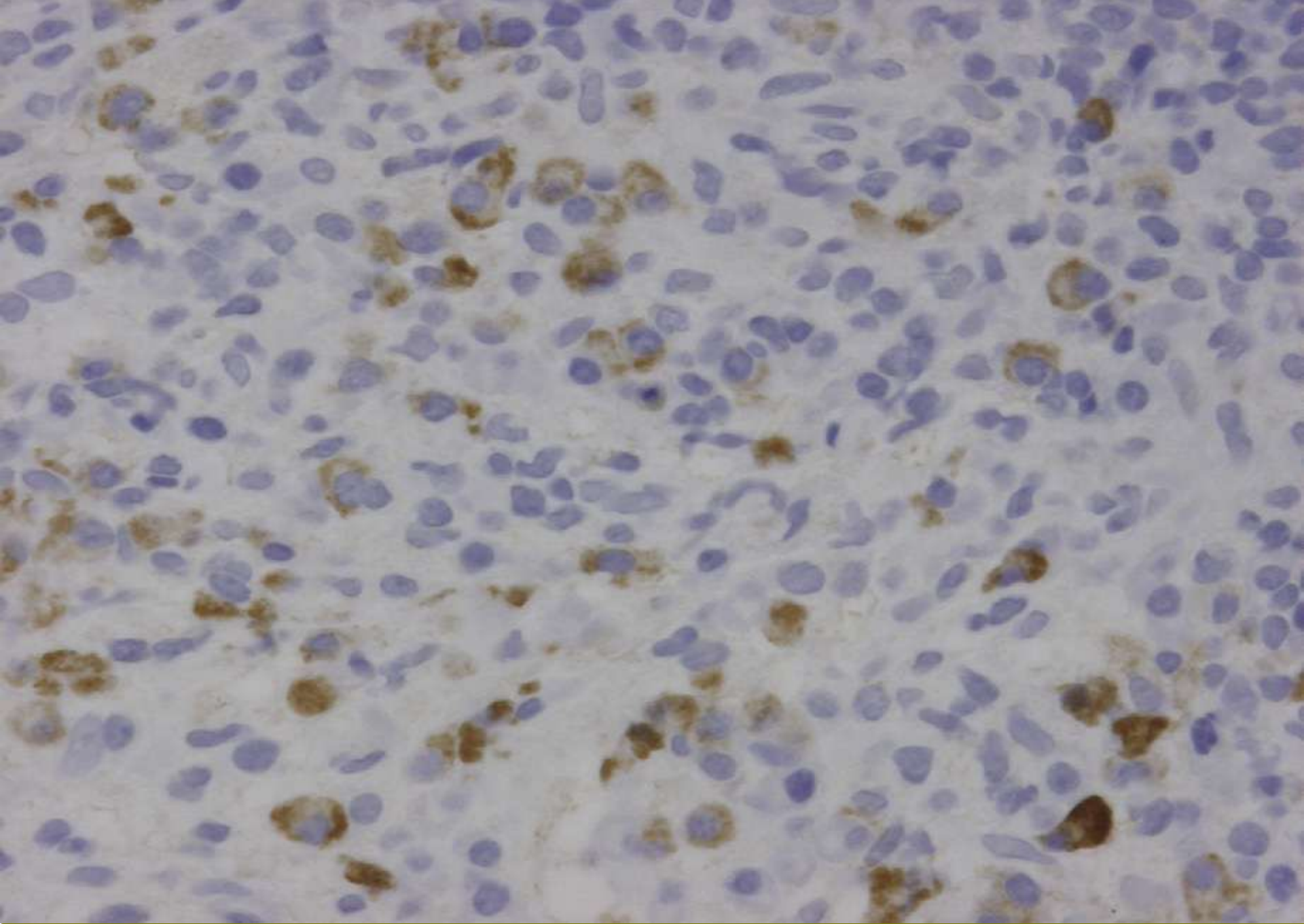


# Updates of Lupus Nephritis

**DR EHAB ELTORABY**

**Ass. Prof. Of Internal Medicine  
Mansoura Faculty Of Medicine**











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**Kidney in  
Systemic  
Disease**

Organized Officially

Prof. Nagy Sayed-Ahmed

Prof. Hussein Sheasha

Prof. Ehab Wehaha

Prof. Akaa Bakr



### CMV: Take home message

- CMV is the most common and serious form of congenital viral infection.
- CMV infection can cause a wide range of clinical outcomes, from asymptomatic infection to severe disease and death.
- CMV infection can be transmitted from mother to fetus during pregnancy, or from mother to child during breastfeeding.







Prof. Tarek El Baz

Prof. Mohamed Naguib Ismail

Prof. Hany El Sotchi

Prof. Hany El Sotchi



# Catheter Related Infections

**Dr. Osama El-Shahat**

*Consultant Nephrologist*

*Head of Nephrology Department*

*New Mansoura General Hospital (international)*

*(Egypt)*



# H1N1 and kidney

By

**ELSHAHAT ALI YOUSOF**

Lecturer of internal medicine  
(NEPHROLOGY)





# Leptospiral Nephropathy

By  
**Dr. Ahmed Eldeeb**  
Lec. of Int. Med.



### CMV: Take home message

- CMV is the most common and serious form of congenital viral infection.
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- CMV infection can be transmitted from mother to fetus during pregnancy, or from mother to child during breastfeeding.







High or low Creatinine at The Start of  
Dialysis for AKI:  
Which is superior?



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Am Soc Nephrol 9: 673-681, April, 2014

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16-18 April 2014

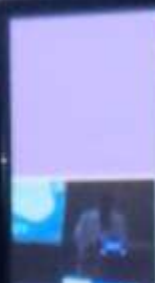
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**Dr. Mostafa Abdel Saleem**  
Meeting Secretary  
**Dr. El Shohat Ali**  
**Dr. Ahmed El Deyeb**  
**Dr. Mohamed Wahba**







### Which is (are) true?

- You should check a 24 hour urine for total protein and cr. cl.
- A spot AM urine albumin/creatinine ratio correlates well with a 24 hour urine for total protein
- The patient likely already has diabetic nephropathy and should be referred to a nephrologist.

Quiz Collection Box

Now

Kidney & metabolic syndrome

Prof. Waleed Masoud

Next

Discussion

### What is Metabolic Syndrome

A group of conditions that often occur together and increase the risk of heart disease, stroke, and type 2 diabetes. The conditions include:

- 1. High blood pressure
- 2. High blood sugar
- 3. High cholesterol
- 4. High triglycerides
- 5. Excess abdominal fat

Quiz Collection Box



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Dr. Ahmed Abdel Wahab  
Mohamed Abdel Sallam

Meeting Secretary  
Dr. El-Sayed El-Sayed  
Dr. Mohamed El-Sayed  
Dr. Mohamed El-Sayed





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Egyptian Medical Syndicate

**April 16-18**

**Kidney in  
Systemic  
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**Under the patronage of**  
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**President, Mansoura Univ**  
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16-18 April  
Kidney in Systemic Diseases  
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Prof. Osama El Shorbagy  
Vice President  
Prof. Husni Mubarak  
Meeting  
Dr. El Shorbagy  
Dr. Ahmed  
Dr. Moha























# FGF-23

## GATHERING THE EVIDENCE

Muhammed M. Nazzari  
Associate Professor of Nephrology  
Khalifa University School of Medicine  
Cairo University  
18-4-2017





negatively associated with Aortic



# Early Versus Late Dialysis



By  
**Tarek M El Tantawy**  
Consultant Nephrology  
IDU, MSc Nephrology, NCU  
HQM, Cambridge

late dialysis.  
Tantawy



















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# HYPERURICEMIA & THE KIDNEY

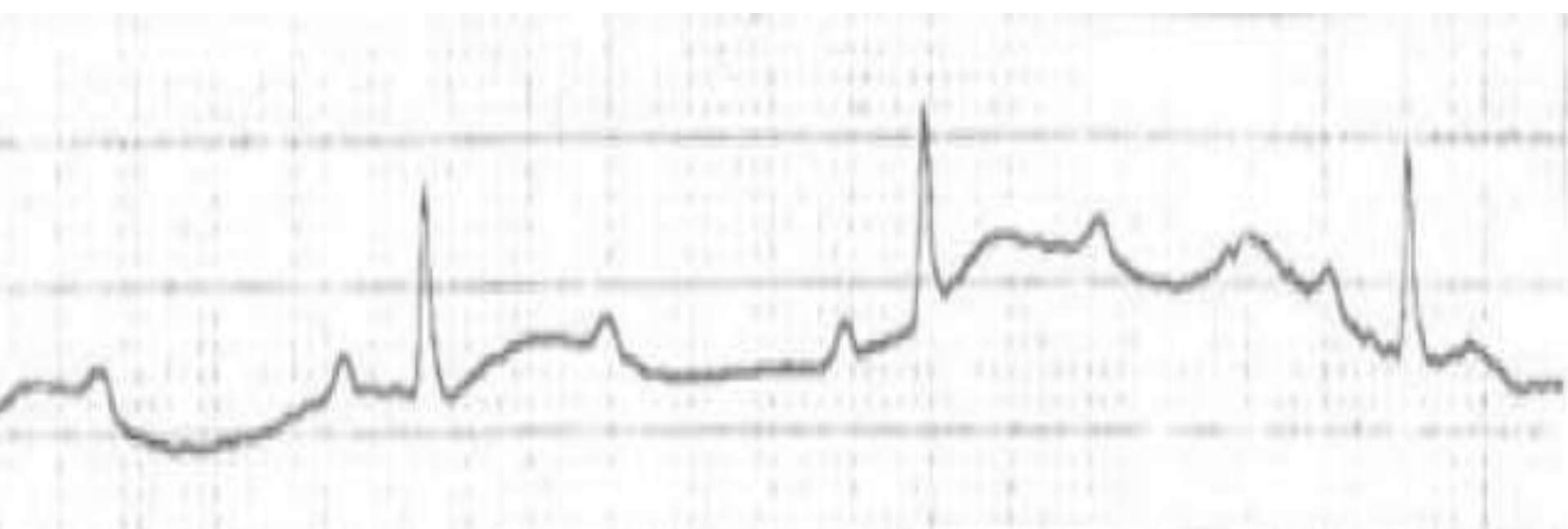
By  
ESSAM HOUR  
NEPHROLOGIST













# What is The Cause of AKI?

**A 25-year-old male was brought to the emergency department by a rescue ambulance after swallowing fire extinguisher powder.**

	At presentation	8 h later	Normal values
Blood urea nitrogen (mg/100 ml)	16	21	8–20
Serum creatinine (mg/100 ml)	1.0	1.7	0.4–1.2
Serum phosphorus (mg/100 ml)	13.8	22.1	2.7–4.5
Serum potassium (mEq/l)	3.1	3.9	3.5–5.1
Serum sodium (mEq/l)	146	148	136–144
Serum chloride (mEq/l)	117	119	101–111
Serum calcium (mg/100 ml)	4.3	4.1	8.9–10.3
Arterial blood gas, pH	7.24	7.21	7.35–7.455
Bicarbonate (mmol/l)	16.4	10	20–26

# Thyroid and Kidney



## Hypothyroidism

- Increased serum creatinine
- Decreased GFR
- Decreased RBF
- Decreased Na reabsorption
- Decreased renal ability to dilute urine
- Hyponatremia

## Hyperthyroidism

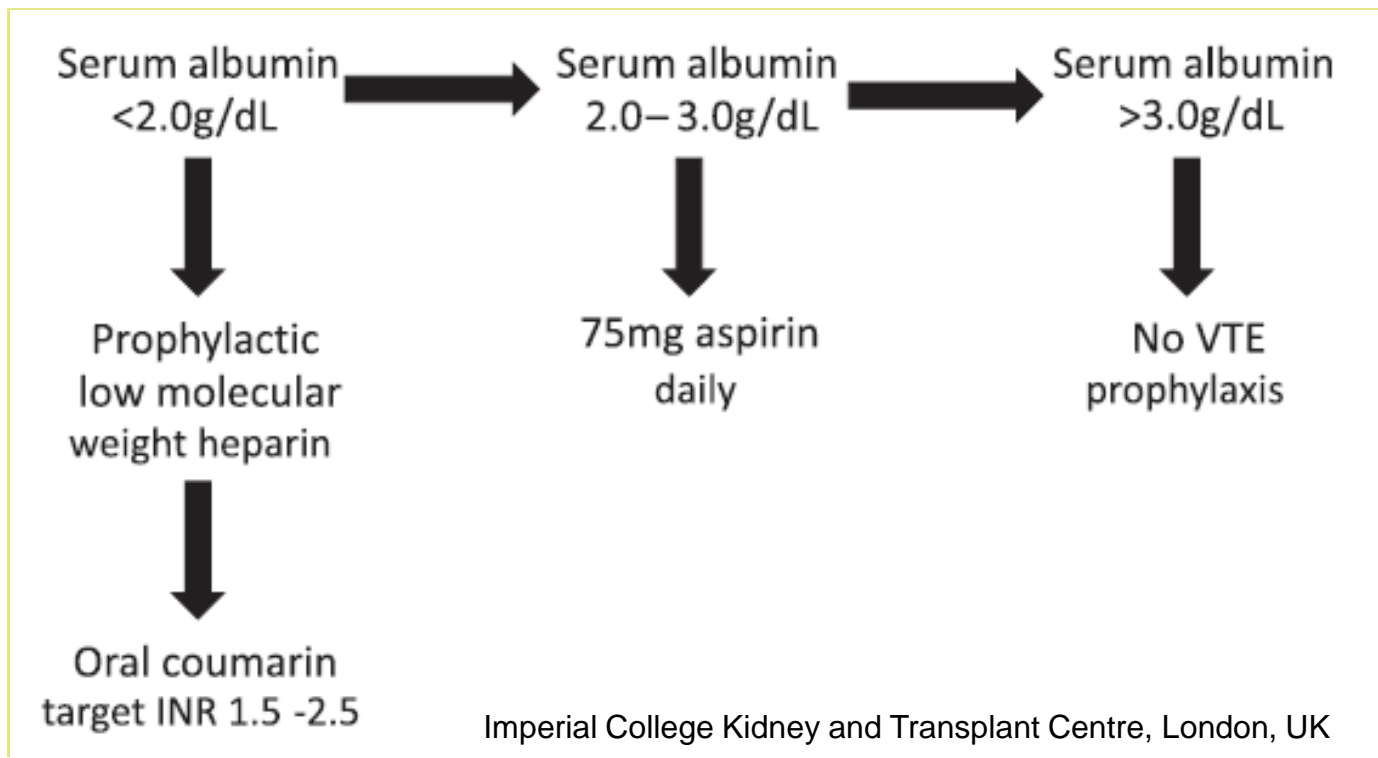
- Decreased serum creatinine
- Increased GFR
- Increased RBF
- Increased Na reabsorption
- Resistance to rh Epo action

**Effect of Drugs**



# Retrospective Analysis of a Novel Regimen for the Prevention of Venous Thromboembolism in Nephrotic Syndrome

*Nicholas Medjeral-Thomas, Stela Ziaj, Marie Condon, Jack Galliford, Jeremy Levy, Tom Cairns, and Megan Griffith*



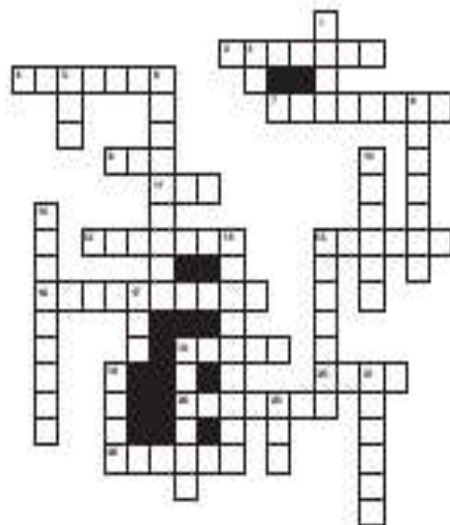
Clin J Am Soc Nephrol 9: 478–483, March 7<sup>th</sup>, 2014.

# Nephrology Crossword: Natremias

Kellie Calderon<sup>1</sup>, Tamara H. Naber<sup>1</sup> and Kenar D. Jhaveri<sup>1</sup>

<sup>1</sup>North Shore-LIJ and Jewish Medical Center, Division of Kidney Diseases and Hypertension, Department of Internal Medicine, Hofstra Medical School, Great Neck, New York, USA

Correspondence: Kenar D. Jhaveri, North Shore-LIJ and Jewish Medical Center, Division of Kidney Diseases and Hypertension, Department of Internal Medicine, Hofstra Medical School, Great Neck, NY 11021, USA. E-mail: kjhaveri@nshs.edu or kjd200@gmail.com



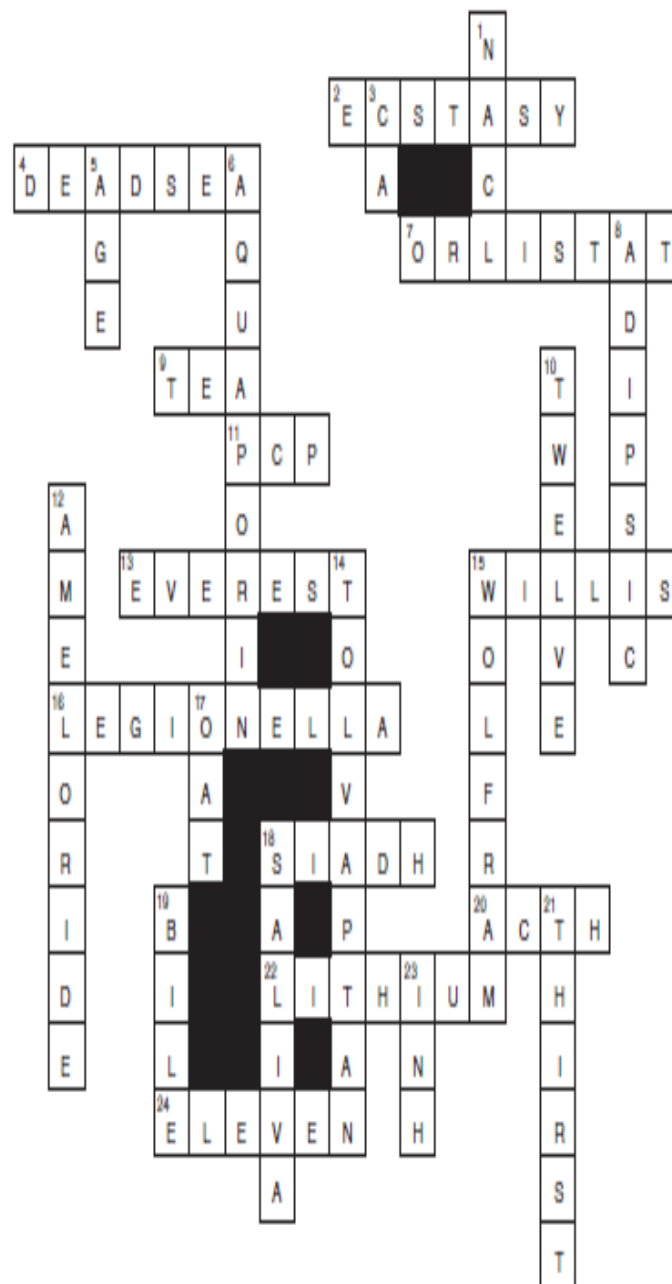
## ACROSS

1. Mild hyponatremia is a slight shift
2. It is difficult to define (in this body of text) which contains 140 g of NaCl
3. This weight loss drug can cause nephrogenic diabetes insipidus (DI)
4. Mild hyponatremia is hyponatremia to less than 135 mEq/L (\_\_\_\_\_) and usually does not cause symptoms
5. A symptomatic hyponatremia is one where patient has signs and symptoms of hyponatremia (\_\_\_\_\_)
6. This concentration usually does not lead to the treatment of patients with hyponatremia (\_\_\_\_\_) but does not require treatment
7. DI was differentiated from syndrome by this individual
8. The syndrome that causes a swelling process, diarrhea, and a serious condition of DI called
9. Psychotropic drugs can cause this
10. A \_\_\_\_\_ producing tumor of the lung presents with severe hyponatremia, hyponatremia, and hyponatremia
11. Initially developed to treat acute diarrhea, this drug can contribute to hyponatremia in several sodium channels, particularly the sodium hyponatremia channels in the paracellular (\_\_\_\_\_) and the epithelial channel of the paracellular tubule (\_\_\_\_\_)
12. A first description of the substance that was first discovered by the Hungarian group in 1900

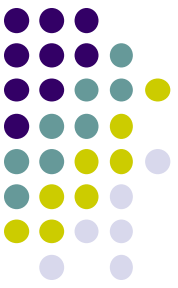
## DOWN

1. Using 90% of this and usually the hyponatremia patient has no
2. High amounts of this in the urine may interfere with ADH processing and lead to loss of free water and DI
3. This factor for hyponatremia
4. An estimated creatinine clearance (ml/min) of 1.0 to 1.5 ml/min can lead to a young female with hyponatremia presents with 10% of 20% serum sodium, creatinine of 0.8 mg/dL, and serum sodium of 125 mEq/L. She also has \_\_\_\_\_ hyponatremia
5. A healthy 20-year-old female has a constant hyponatremia, serum sodium of 125 mEq/L, and serum sodium of 125 mEq/L. She also has \_\_\_\_\_ hyponatremia
6. Hyponatremia and low serum sodium with hyponatremia (in the DI)
7. Hyponatremia and low serum sodium with hyponatremia (in the DI)
8. The agent involved in the ADH-1 and ADH-2. A study of hyponatremia \_\_\_\_\_ disease or central DI, optic atrophy, diabetes, and the central nervous system
9. \_\_\_\_\_ and the brain does not cause the syndrome of hyponatremia because hyponatremia (ADH) but \_\_\_\_\_ and cause
10. Study that had the lowest sodium concentration
11. Study that had the highest sodium concentration
12. Each of the symptoms can lead to hyponatremia
13. A 40-year-old male with DI, now being treated for hyponatremia (T) ADH. As a T8 and sodium hyponatremia, this with T8 drug leads to an estimated sodium

# Nephrology Crossword Answers: Natremias





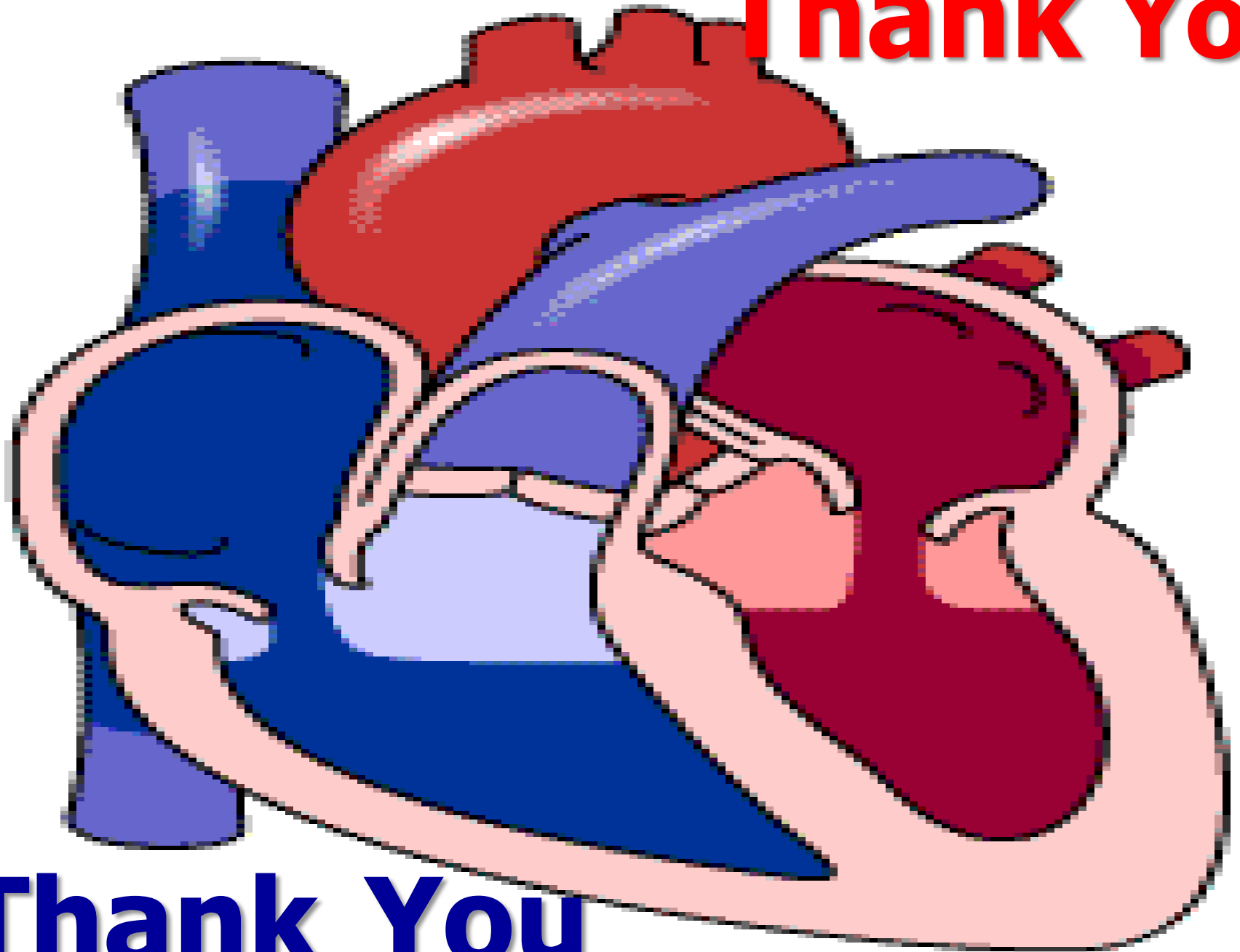


جزاكم الله عنا الخير واحسنه  
يا مَن هَلَمَّ لَوَادِ الْعِلْمِ وَالْدَرْجِ  
فَمَ لَيْسَ الْفَصْرُ قَدْ جِئْنَا بِهَا فَخْرُكُمْ  
مَذَّ أَبْلَحَ الْحَقُّ غَامَ الزَّيْفِ وَهَجَا  
وَصُورَ الْكُفَّةِ حَيْثُ اللَّهُ تَحَرُّلُ  
مِنْ كُلِّ سَوْدٍ بَدَأَ فِي الْأُخَيْرِ وَاقْتَرَبَا  
فَلْتَرِنَا الْعَيْشَ فِي أَمْنٍ يُجَلُّ  
وَلْيَصِدِّحِ الْفِضْلُ فِي أَرْجَائِي طَرَبَا

و. هادي بن هادي

26-12-2013 / المنصورة

**Thank You**



**Thank You**